Mancini, Mario

MRN: 4989940 Description: 45 year old male

Consults Encounter Date: 8/29/2017



Broadway, Steven J, MD Neurosurgery

Neurosurgery Consult

Essentia Health 8/29/2017 Korrie H. Osthus, PA-C

Reason for Consult: Right arm pain and weakness Referring provider: Jenefer Southwick, PA-C

HPI:

Marlo Mancini is a left-handed 45 year old male with a history of a neck injury 20 years ago who presents with right arm pain and weakness. He was working out 50 days ago when he experienced right arm weakness while lifting weights, denies popping or snapping at that time. He has intermittent arm pain, numbness and a "buzzing" in the right arm and numbness in the right index finger; also has cramping in right hand. He has a history of chronic neck pain as well. Symptoms are worse upon waking and better after a warm shower and with use of ibuprofen and amitriptyline. He has received trigger point injections in his right trapezius that in the past have helped manage the pain.

Denies carpal tunnel, fevers, chest pain, shortness of breath, abdominal pain, and incontinence of bowel or bladder, difficulties with balance or recent falls. No pertinent past medical or surgical history.

He is currently an inmate at Sandstone federal prison; has a desk job using a computer. Denles tobacco use.

Medications

Amitriptyline 75 mg oral at night.

Allergies

Allergies Allergen

Penicillin V

Reactions

Social History
Social History

Substance Use Topics

Smoking status:Smokeless tobacco:

Alcohol use

Never Smoker Never Used

Not on file

GOVERNMENT
EXHIBIT

7
20-CV-2532 (ECT/DTS)

Mancini, Mario (MR # 4989940) Printed by [63733] at 8/31/17 2:00 PM

Page 1 of 3

Family History

No family history on file.

Review of Systems

General: no fevers Skin: no complaints Eves: no complaints

Ears/Nose/Throat: no complaints

Respiratory: no complaints, denies shortness of breath Cardiovascular: no complaints; denies chest pain

Gastrointestinal: denies abdominal pain or bowel incontinence

Genitourinary: denies bladder incontinence Musculoskeletal: neck and right arm pain

Neurologic: right arm weakness, numbness, and cramping; denies decreased balance or

falls

Psychiatric: no complaints

Hematologic/Lymphatic/Immunologic; no complaints

Endocrine: no complaints, denies diabetes

Vital Signs

Vitals:

08/29/17 1506

BP:

132/82

Pulse:

80

Height:

1.727 m (5' 8")

Weight:

106.6 kg (235 lb)

BMI

35.73

(Calculated):

Physical Exam:

APPEARANCE: 45 y/o pleasant male, alert and NAD; arrives in handcuff and leg shakles accompanied by 2 prison personnel

SKIN: clear with no lesions HEAD: normocephaly.

EYES: eyelid(s) normal, conjunctiva clear, EOM(s) intact, no nystagmus

¥

ENT: tongue midline, midline palate rise

NECK: full ROM, right neck tender to moderate palpation

CHEST: good respiratory effort without retractions.

BACK/SPINE: non-tender thoracic spine

EXTREMITIES: arms are symmetric, nontender right arm, unable to flex right tricep; no

swelling or atropy in BUE; able to move all fingers

MOTOR: Moving all extremitles independently; RUE 3/5 with elbow extension and 5/5 with

elbow flexion, arm abduction/adduction and grip. LUE 5/5 throughout.

Page 3 of 3

NEUROLOGIC: alert, oriented X 3, interaction normal, GCS: 15, unable to elicit DTRs bilaterally at biceps or brachioradialis, negative Hoffman's bilaterally, Cranial Nerves II-XII without deficit, speech clear, gait is steady

Imaging

I personally reviewed and discussed in collaboration with Dr. Jared Broadway: MRI cervical 8/7/17:disc herniation at C5-6 and C6-7 with central canal narrowing and R>L neural foraminal narrowing.

Assessment/Plan

Mario Mancini is a healthy 45 year old male with cervical stenosis with right sided radiculopathy in the C6 distribution. Surgery has been offered and accepted; plan is for an anterior cervical discectomy and fusion at C5-6 and C6-7. Patient was seen and plan developed in collaboration with Jared Broadway, M.D., please see his documentation for surgical details and patient discussion.

Korrie H. Osthus, PA-C

I have seen and examined Mario with Osthus, PAC and agree with her history and physical as stated. The patient has right C6 and 7 radiculopathies with weakness. MRI reveals severe stenosis at C5-6 and 6-7. I have offered the patient a c 5-6 and 6-7 acdf. Risks discussed include bleeding, infection, damage to the carotid, jugular, recurrent laryngeal nerve, esophagus, trachea, nerves/cord, csf leak, death, etc. Broadway

Addendum:

Dr. Broadway recommends no restrictions in activity or work hours prior to surgery. Mario will require 2 weeks off of work after his surgery and may return to his desk job after without restrictions. He recommends surgery within the next 60 days.

Korrie H. Osthus, PA-C

Office Visit on 8/29/2017 Note shared with patient